

lated for doing this in subsequent revisions of the National Formulary by the device of an appendix, the content of which cannot be construed as constituting official standards.

New and Nonofficial Remedies

By R. T. STORMONT, M.D.

The Council on Pharmacy and Chemistry of the American Medical Association was organized in 1905 to serve the medical profession by providing authoritative information about therapeutic agents.

At first the council was primarily concerned with the problem of exposing quackery in the field of therapeutics. Secret remedies, promoted under false or grossly exaggerated claims, provided a major target of attack. After the enactment of laws providing for more stringent regulatory control over drugs, the council tended to devote its efforts more toward the encouragement of a constructive program of rational therapeutics. This is reflected by the fact that the annual publication, *New and Nonofficial Remedies*, is generally regarded as the major contribution of the council toward advancing the science, if not the art, of medicine.

What is the exact nature of the information contained in *New and Nonofficial Remedies*? At present the book consists of two major divisions. The first section deals with general statements on broad classifications of preparations and monographs describing the actions, usage, and dosage of specific council-accepted drugs. The second section contains physical descriptions, tests for identity and purity, and methods of assay for the active ingredients and dosage forms of those council-accepted drugs for which official standards are not yet available. Thus, the importance of *New and Non-*

official Remedies in developing and maintaining sound drug therapy trends would appear to be self-evident. However, there are certain points which deserve some emphasis.

Physician's Guide

Nomenclature of drugs is a rather important, though admittedly somewhat tedious, matter. The council always desires to cooperate with pharmaceutical manufacturers in the selection of generic or nonproprietary names for new drugs. The council encourages manufacturers to submit proposed generic and trade names for new products even before they are ready for the market. The early adoption of nonprotected designations for medicinal agents tends to obviate a certain amount of needless confusion in the literature. Usually such names are subsequently adopted by the United States Pharmacopeia and the National Formulary.

A drug which is accepted for inclusion in *New and Nonofficial Remedies* must be marketed and promoted in conformity with the rules of the council. The advertising and labeling must not contain claims unacceptable to the council. It is the responsibility of the drug manufacturer to submit the evidence necessary to convince the council that any proposed claims are justified.

The average physician today does not have the time or facilities to evaluate new drugs himself and to determine their proper indications for use, contraindications, limitations, and hazards. Not infrequently he finds it most difficult to study authoritative reports of the developments in therapy which are published in medical journals. He may or may not obtain reliable and useful information from a drug detail man or from promotional copy. Under these circumstances *New and Nonofficial Remedies* serves as a most useful reference volume or guide for rational therapeutics.

Some drug manufacturers and physicians have wondered why relatively few mixtures have been accepted for inclusion in *New and Nonofficial Remedies*. Obviously, it is the right and duty of a physician to know the essential composition of the drugs he prescribes. He also wishes to know if the mixtures are unnecessarily complex. He must be mindful of the fallacy of routinely prescribing unnecessarily

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potent agents and of prescribing several drugs of different actions in fixed proportions in one preparation. More often than not he has to adjust the dose of a worthwhile drug to fit the therapeutic needs of the patient. The council believes that any drug should be administered according to the specific needs of the patient. Thus, a mixture containing phenobarbital and atropine in fixed proportion frequently does not serve the best interests of the patient inasmuch as he is apt to be either overdosed or underdosed with one of the active constituents.

Occasionally physicians are somewhat puzzled when an admittedly useful drug which has been on the market for a number of years does not appear in *New and Nonofficial Remedies*. The usual explanation is that the manufacturer has simply neglected to submit the drug to the council for acceptance. This seeming deficiency is becoming less important as firms become increasingly aware of the need and desirability of securing council acceptance for their most worthwhile products.

Modified Scope

In what respects is *New and Nonofficial Remedies* subject to criticism and how may it be improved? Inasmuch as the primary objective of this publication is to provide authoritative information on relatively new drugs, monographs on morphine, atropine, and the like are conspicuous by their absence. Nevertheless, it must be recognized that many old and well-known medicinal agents still have a most necessary and valuable place in our therapeutic armamentarium. An attempt will be made in future editions of *New and Nonofficial Remedies* to present more adequately the comparative virtues of the old and well-established official drugs in relation to the newly introduced agents. Thus, the physician should be better aided in making his choice of medication for a particular disease condition. That is one way in which *New and Nonofficial Remedies* can be improved and made more useful for both the physician and medical student.

Even though *New and Nonofficial Remedies* is revised annually, it is impossible to keep the book up to date on all developments in modern therapeutics. New drugs are being introduced with ever-increasing rapidity. One must ad-

mit that *New and Nonofficial Remedies*, like many other scientific treatises, is out of date in some respects immediately after publication. Nevertheless, it continues to serve a most useful purpose. Sometime in the future it may be necessary to publish *New and Nonofficial Remedies* at more frequent intervals. At present, however, it would appear that publication at yearly intervals should serve the needs of the physician and the medical student who also continue to study the current authoritative medical journals.

The major change in the 1953 edition, which is now in the process of revision, essentially will involve separate publication of the two major divisions of the present volume. The reason for this seemingly radical modification should be quite obvious. Physicians, medical students, and pharmacists have little or no interest in the technical detail covered in tests and standards for drugs. They depend upon manufacturers and legal regulatory agencies to insure the purity and potency of medicinal agents. It is believed that divorcing the section on tests and standards from *New and Nonofficial Remedies* will make the book more acceptable to the great majority of individuals who rely upon it as an authoritative guide for sound therapy.

Accepted Dental Remedies

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It has been noted that the United States Pharmacopeia and the National Formulary at the present time primarily provide standards of identity and composition which have official recognition in the Food, Drug, and Cosmetic Act. *Accepted Dental Remedies* is more nearly like *New and Nonofficial Remedies* in that each is primarily a handbook of therapeutics and is concerned only secondarily with standards of composition. The two latter books are also similar in other respects. Both are official publications of agencies of professional associa-

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